

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FFS DETERMINATION	MW		08-21-01
O.I.P.E. CLASSIFIER		1020 48	8/20/01
FORMALITY REVIEW			11/6/01
RESPONSE F RMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here